

**COLORADO STATE PERSONNEL
CONSOLIDATED APPEAL/DISPUTE FORM**

This consolidated form is provided for the convenience of employees who are filing appeals or disputes with either the State Personnel Board or State Personnel Director.

NOTE: Read the instructions before completing this form. You may attach additional sheets, if necessary. If you attach additional sheets to this form, note which numbered question the information on the additional sheets applies to. Pursuant to the Americans with Disabilities Act, copies of this form are available in alternate formats. Contact the State Personnel Board or Director to obtain these alternate formats. Mail or hand-deliver this form to: **Personnel Appeals/Disputes Processing, 1120 Lincoln Street, Suite 1420, Denver, CO 80203.**

1. IDENTIFICATION

Name: _____
Address: _____

Phone: (w) _____
(h) _____

Representative on Appeal (if applicable):*

Name: _____
Address: _____

Phone: _____
Fax: _____

*Does not apply to Performance Pay Disputes.

You must notify the Board or Director in writing if the above information changes before the appeal or dispute process is concluded.

I am a **certified** state employee: ☐ Yes

☐ No

2. THE PARTY WHOSE ACTION IS BEING APPEALED OR DISPUTED:

Name: _____
Department or _____
College/University: _____
Address: _____

3. SPECIFIC ACTIONS BEING APPEALED OR DISPUTED:

4. REASONS FOR APPEAL/DISPUTE: The action taken was arbitrary, capricious, or contrary to rule or law because:

5. RELIEF REQUESTED: _____

6. DATE OF RECEIPT OF NOTICE OF ACTION BEING APPEALED:

(You must attach a copy of the written notice)

7. TYPE OF APPEAL OR DISPUTE: Check only the box(es) that apply.

DIRECTOR

- ☐ **Examination Appeal** Class Title: _____ Date of Exam: _____
- ☐ **Downward Position Allocation Appeal** (allocation to a class in a lower pay grade.)
Present Class Title: _____
- ☐ **Director's Review of a Performance Pay Dispute** (Attach copy of the original written internal dispute and agency's decision.)
☐ Application of agency's performance pay program to individual plan or rating ☐ Full payment of award
- ☐ **Matter involving the overall administration of the personnel system by an agency, which is not otherwise appealable.** (See Director's Procedure P-8-21 A.) (Describe) _____
- ☐ **Director's Review** (Describe, e.g., overtime, FMLA, removal of name from eligible list, rejection of an application.)
(See Director's Procedure P-8-21.) _____

BOARD

- ☐ **Disciplinary Action** (Describe): _____
- ☐ **Final Grievance Decision** (Attach copy of final grievance decision.)
- ☐ **Layoff** (includes abolishment of position, retention rights, and reemployment rights.)
- ☐ **Whistleblower** (retaliation for disclosure of information). Board Rule R-8-21 requires you to file a separate written Whistleblower complaint. A form for a Whistleblower complaint is available on the website or at the Board and at an agency's human resource offices.
- ☐ **Discrimination - Based on:**
☐ Disability ☐ Race/Creed/Color ☐ Sex
☐ Age ☐ National Origin/Ancestry ☐ Religion
☐ Other (describe): _____
- ☐ **Higher Education Decision to Exempt a Position from the State Personnel System**

THIS FORM MUST BE SIGNED BY THE COMPLAINANT OR, IF AN APPEAL, THE COMPLAINANT'S REPRESENTATIVE. SIGNATURE BY THE COMPLAINANT'S REPRESENTATIVE CONSTITUTES AN ENTRY OF APPEARANCE FOR AN APPEAL. ALL DOCUMENTS AND CORRESPONDENCE WILL BE SENT TO THE PERSON SIGNING THIS FORM.

Date: _____

SIGNATURE

CERTIFICATE OF DELIVERY: You MUST hand deliver or mail a copy of your appeal to the party listed in item 2.

I certify that I have served a copy of this appeal on the respondent at the address specified in item 2 above, by (☐ first class mail) (☐ hand delivery) this _____ day of _____, 20____.

Signature